



HEAVEN CAN WAIT 5K

Make checks payable to St. Charles Foundation.
One registration form per person please.
Or register online at heavencanwait.org.

Add me to the St. Charles Foundation email list

FIRST NAME	LAST NAME	AGE	BIRTH DATE (REQUIRED)
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL (PLEASE PRINT CLEARLY)	CANCER SURVIVOR? <input type="checkbox"/> Y <input type="checkbox"/> N	GENDER <input type="checkbox"/> F <input type="checkbox"/> M
ST. CHARLES CAREGIVER? <input type="checkbox"/> Y <input type="checkbox"/> N TEAM NAME (IF APPLICABLE): _____		TEAM CAPTAIN: _____	

FEES, DONATIONS and T-SHIRTS

CHILD UNDER 6, FREE

Entry Fee received by 4/5, \$25 ea \$ _____

Entry Fee 4/6–5/30, \$30 ea. \$ _____

Entry Fee on 6/1, \$35 ea \$ _____

Entry Fee on 6/2 Day of Race, \$40 \$ _____

Additional Sara's Project Donation. \$ _____

T-Shirts Qty. _____ x \$15 (not included in entry fee) \$ _____

Women's: S M L XL 2XL

Unisex: S M L XL 2XL

TOTAL \$ _____

Payment: Credit Cash Check, check number _____

St. Charles Caregiver Payroll Deduction, Caregiver ID# _____

St. Charles Foundation Sponsor, Comp Code _____

PLEASE READ AND SIGN MANDATORY RELEASE BELOW

I understand that running or walking in the Heaven Can Wait event is a potentially hazardous activity. I attest that I am physically fit, have sufficiently trained for participation in this event, and have not been advised against participation by a qualified health professional. In consideration of accepting my application, I, for myself and anyone entitled to act on my behalf, waive, release, and discharge from any and all claims or liabilities of any kind which arise out of or relate to my participation in this event, and I indemnify and hold harmless any and all sponsors including but not limited to St. Charles, the organizers and representatives, officers, agents, and successors from all claims or liabilities of any kind made, waived, released, or discharged herein, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I understand that my name and or photo may be used for promotional purposes.

PARTICIPANT SIGNATURE DATE

SIGNATURE OF PARENT OR GUARDIAN OF MINOR DATE

EMERGENCY CONTACT NAME (REQUIRED) PHONE

REV-HCW 2019



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